

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AR 21 2016

PRINTED: 03/04/2016
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G067	(X2) MULTIPLE CONSTRUCTION A. BUILDING----- B. WING	(X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER

ALTAVISTA GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

101 AVOCA LANE
ALTAVISTA, VA 24517

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000 INITIAL COMMENTS

W000

An unannounced annual Fundamental Medicaid Certification survey was conducted 03/01/2016 through 03/02/2016. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.

The census in this 4 certified bed facility was 4 at the time of the survey. The survey sample consisted of two Individual reviews (Individuals #1 and #2).

W 261 483.440(f)(3) PROGRAM MONITORING & CHANGE

W261

The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.

This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to designate and use a specially constituted committee member consisting of a person or persons with no ownership or controlling interest in the facility for two individuals in the survey sample, Individual# 1 and # 2.

April 15, 2016

For individuals # 1 and #2 indicated in the survey, the deficiency revealed that a Citizen Volunteer was not present at the Specially Constituted Committee meetings on multiple occurrences.

Corrective actions have been taken. Interviews were held and a Citizen Volunteer was selected from the applicants. The Citizen Volunteer will begin representing at the Specially Constituted Committee meetings beginning March 15, 2016.

The Citizen Volunteer will be available to attend the Specially Constituted Committee meetings for all residents identified to require such meetings beginning March 15, 2016

The Altavista Intermediate Care facility staff will continue to interview additional applicants and build a reserve of Citizen Volunteers that would be available to attend Specially Constituted meetings as needed. Complete by April 15, 2016.

Findings include:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

sa Haibach, Program Manager 3/11/16

Sa Haibach, Program Manager 3/11/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ALTAVISTA GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 AVOCA LANE ALTAVISTA, VA 24517	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE

W 261 - Continued From page 1

W261

During clinical record review for Individual# 1 and Individual# 2 on 03/01/16, the SCC (Specially Constituted Committee) meeting minutes and member attendances were reviewed.

The SCC meeting minutes from May 2015 through present (March 2016) were available for review and revealed that a "Citizen Volunteer" had not been in attendance for any of the meetings for either individual.

On 03/02/16 at approximately 4:00p.m., the RM (Residential Manager) and QIDP (Qualified Intellectual Disability Professional) were asked if a "Citizen Volunteer" had been in attendance or appointed. The QIDP voiced that "we" (the facility) had someone, but they just stopped coming and then voiced that they (the facility) had found someone else, but that person had some health issues. The RM and QIDP both voiced that this position had been vacant for awhile.

No further information or documentation was provided prior to the exit conference on 03/02/16 at 2:00p.m.

March 16, 2016

The QIDP (Qualified Intellectual Disability Professional) will invite the Citizen Volunteer to the Specially Constituted Committee meetings with at least 14 days advanced notice. The QIDP (Qualified Intellectual Disability Professional) will monitor the attendance of the Citizen Volunteer and make substitute arrangements in the event the Citizen Volunteer cannot attend. Beginning March 16, 2016.

RECEIVED

MAR 21 2016

VDH/OLC